

Ohio Development Services Agency
Office of Community Development - Supportive Housing Monitoring Tool

Grantee: <u>Columbus Professional Serv.</u>	Grant #: <u>S-L-13-7GJ-1</u>
Executive Director: <u>Nelson M. Burns</u>	Amount: <u>860,000</u>
	Period: _____
Contact: <u>Tammy Weaver</u>	Grant #: <u>S-L-14-7GJ-2</u>
Title: <u>Program Manager</u>	Amount: <u>650,000</u>
	Period: _____
Phone Number: <u>330-673-1347</u>	Grant #: <u>S-4-14-7GJ-1</u>
	Amount: _____
Email: <u>Tammy.Weaver@colmanserv.org</u>	Period: _____
Monitor's Name: <u>Kimberly Alvord</u>	Grant #: <u>S-4-12-7GJ-1</u>
	Amount: <u>146,400</u>
Visit Date: <u>11-20-2015</u>	Period: _____

Previous Monitoring

Date Monitored: 4-18-14 Monitor: Kimberly Alvord

Findings and Concerns:

Grant #

Grant # None

Grant #

Corrective Actions:

Grant #

Grant # None

Grant #

Verification of Corrective Actions:

Grant #

Grant # None

Grant #

Entrance Interview Signatures

Print Name	Signature	Agency	Title
Jimmy Weaver	<i>[Signature]</i>	Coleman	VP of Clinical
Timothy Anderson	<i>[Signature]</i>	OIST	Asst. Specialist

Programmatic Background: *Please see attached.*

Staff Changes/Comments:

None

For Shelters:

How many households diverted? *N/A*

Describe the diversion process:

Coleman Professional Services Region 5

The following organizations are part of Region 5 HCRP and PSH grants:

Community Action Agency – Ashtabula

Catholic Charities – Ashtabula

Womensafe – Geauga

Life Line – Lake

Coleman Professional Services – Portage

Family and Community Services – Portage

Humility of Mary – Trumbull

Trumbull County Mental Health and Recovery Board – Trumbull

Coleman Professional Services – Trumbull

Coleman Professional Services uses the State's monitoring tool when doing the site reviews.

Coleman Professional Services goes to each site at least one (1) time per year to do the chart reviews, policy review. Coleman Professional Services reviews 10 charts per site.

Coleman Professional Services fiscal staff contact partner agencies on a quarterly basis to ensure the grant allocations are being spent or will be spent by the end of the grant year. If an agency is not able to spend their allocation then those funds are offered to other partner agencies to spend.

Coleman also coordinates and leads at least one (1) meeting per year with all grantees required to attend to go over issues in the Region, HMIS, Point in time, Performance Outcomes, and other BOSCO or State issues that need to be addressed.

Interview Questions

Does the Agency have:	Yes	No	N/A
Policy and procedures manual?	✓		
Personnel policies?	✓		
By-laws?	✓		
Procedure for evaluating participant eligibility?	✓		
Confidentiality policy?	✓		
Client termination policy?	✓		
Client appeals policy?	✓		
Client complaint policy?	✓		
Equal opportunities policy?	✓		
Drug free work place requirement?	✓		
Copy of three most recent board minutes?	✓		
Current insurance certificates? ✓	✓		
Copy of Office of Community Development status reports?	✓		
Copy of Fair Housing policy? ✓	✓		
Procurement policies?	✓		
Participate in benefit bank? If so, contact: <u>Jessica Miller</u>	✓		

Does the Agency have the following for Homeless Crisis Response Program (HCRP):

Procedure for lead and habitability inspection?	✓		
Staff certified to conduct lead inspections? How many in-house staff? <u>7</u>		✓	
(include copies of certifications in working papers)			
Procedure for rent reasonableness evaluations?	✓		
Federal citation related to perjury included in documents? <u>✓</u>			
How many households discontinued Rapid Re-housing assistance at 90-day mark due to being over income? <u>✓</u>			

Partner agencies? (if so, list agencies below)	✓		
If so, monitor partner agencies?			
Copy of Monitoring Tool provided? (include in working papers)			
List partner agencies:			

Greaves, Lake, Catholic Charities, Island Comm Serv, Colman

Describe Monitoring Partner Agency Process: Review the client file on an Annual Basis

Notes:

N/A

Reviewer's Signature

Kimberly [Signature]

Financial Management Systems Interview

Does the Agency have:

Financial management policy and procedure manual?
 All payments go to third parties and not participants?
 Staff use timecards/timesheets?
 Timecards/timesheets list hours charged to specific grant?
 Employees and supervisors sign timecard/timesheet?
 Copies of all financial records on site (including partner agencies)?
 A cash receipts journal?
 A cash disbursements journal?
 Shelter's procurement policy complies with 24 CFR Part 84?
 Agency awarded \$500,000 or more federal? yes
 Agency awarded \$100,000 or more state? yes

Yes	No	N/A
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Who receives monetary donations?

Name: _____
 Title: Grant writers
 Name: _____
 Title: _____

Who posts receipts to ledger?

Name: Melissa Cole
 Title: ACCT
 Name: _____
 Title: _____

Who reconciles bank account(s)?

Name: Pat Dunn
 Title: ACCT Clerk
 Name: _____
 Title: _____

Who approves invoices for payment?

Name: Tammy Weaver
 Title: VP Clinical Services
 Name: _____
 Title: _____

Who is authorized to sign checks?

Name: Marshall Buckley
 Title: Acting CFO
 Name: _____
 Title: _____

How many signatures needed? _____

How does the agency segregate ODSA-awarded funds?

we have a spreadsheet, + cost center, + acct to keep track.

Reviewer's Signature

[Signature]

Financial Test

Financial Management Contact: Pat Dunn

Phone: 330-673-1347

Email: Pat.Dunn@edelman-progressive.com

HMIS #	Activity	Check #	Vendor	Amount	Check Date	Check Cancelled Date	Authorized Check Signature	Amount Agrees with Invoice	Invoice Due Date	Authorized Signature Approving Invoice
	Rent	1935	Ashton Dr	450	8-6-2015	8-17-2015	✓	✓	✓	✓
	Rent	17679	Michigan Square	1,470	5-21-14	6-2-14	✓	✓	✓	✓
	Rent	10121	Lakem Park (on lot)	575	3-14-14	3-21-14	✓	✓	✓	✓
	Rent	10469	Norman & Marie	649	6-7-14	6-12-14	✓	✓	✓	✓

Grant Number

Drawn Amount on Open Grant

Expended Amount on Open Grant

Grant Award

Discrepancy Greater than 10%

Yes No

Yes No

Notes:

Reviewer's Signature

Facility Inspection	
---------------------	--

#1: _____

#2: _____

#3: _____

#1	#2	#3
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[illegible]

Facility has first aid equipment and telephone for emergencies?

Violations:	
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Confirmation of Corrective Actions Taken:	

Reviewer's Signature	
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Facility Interview

Policy:

Yes No N/A

HMIS Privacy notice posted?

HMIS licensed users and last log-in date: 11-20-15

Provisions made to maintain family as intact unit?

Procedure to sanitize linens and sleeping surfaces?

Emergency telephone numbers posted near telephone?

Written policy regarding possession and use of controlled substances?

Written policy regarding control of infectious diseases?

Verification domestic violence (DV) shelter serves non-DV persons imminently facing homelessness?

If DV, how many total beds?

If DV, how many beds served with our funds?

If DV, how made known to the community? (include copy in working papers)

Shelter:

How many households referred to Rapid Re-housing?

Shelter's Board of Director's includes at least one homeless/formerly homeless person?

Shelter complies with local fire, environmental, and health safety standards?

Shelter provides a bed and clean linens for each guest?

Shelter provides private space to meet with clients?

Shelter has adequate natural or artificial illumination?

Shelters providing food service have adequate sanitary storage and food preparation?

Shelter provides locked place for storage of medication?

Shelter provides reasonable security to clients?

Shelter maintains attendance list?

Shelter provides accommodations to store personal belongings?

Shelter has a Fair Housing poster?

Shelter has an occupancy permit?

Shelter has policy regarding control of weapons?

Shelter provides kitchen in good repair?

Shelter has food license from health department?

Violations:

Confirmation of Corrective Actions Taken:

Reviewer's Signature

Katherine

Program Operations

Grant Number _____

Program Type/Name DST / Lakman Professional Services

(check all that apply)

	Customers	Customers	Customers	Customers
Single Male (SM)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Single Female (SF)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Households w/Children (HC)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Female (YF)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth Male (YM)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Youth (Y)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilities	Number	Number	Number	Number
single family				
1-bedroom	<u>45</u>			
2-bedroom				
3-bedroom				
4-bedroom				
Single-Room Occupancy (SRO)				
Beds				
Rooms				
Motel				

	Currently in Program	Currently in Program	Currently in Program	Currently in Program
Separate Individuals [SI]	<u>45</u>			
Families [F]				
Adults [FA]				
Children [C]				
Total HH [SI+F]	<u>45</u>			
Total Persons [SI+FA+C]				

Reviewer's Signature

K Alexander

Serial PRH-86
Serial PRH-126

APR Does Not Make

Homeless Management Information System Review for Homelessness Prevention and Rapid Re-Housing						
Time Range From:		To:				
Universal Data Element	Don't Know/Refused	%	Missing Data	%		
Name	0	0	0	0		
Social Security Number	0	0	0	0		
Date of Birth	0	0	0	0		
Race	0	0	0	0		
Ethnicity	0	0	0	0		
Gender	0	0	0	0		
Veteran Status	0	0	0	0		
Disabling Condition	0	0	0	0		
Residence Prior to Program Entry	0	0	0	0		
Zip Code of Last Permanent Address	0	0	0	0		
Housing Status	0	0	0	0		
Section 7: Housing Status at Entry - Number of Persons in Household						
Literally Homeless (Rapid Re-Housing)	<input type="text"/>	Unstably Housed		<input type="text"/>		
Imminently Losing (Homelessness Prevention)	<input type="text"/>	Stably Housed		<input type="text"/>		
Section 19: Housing Status at Entry and Exit - All Leavers						
Housing Status at Exit						
Housing Status at Entry	Literally Homeless	Imminently Losing	Unstably Housed	Stably Housed	Don't Know/ Refused	Information Missing
Literally Homeless						
Imminently Losing						
Unstably Housed						
Stably Housed						
Total						
Section 20: Destination for Leavers						
	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal		
Destination Leavers > 90 days HP						
Destination Leavers ≤ 90 days HP						
Destination Leavers > 90 days RH						
Destination Leavers ≤ 90 days RH						
Total						
Section 18: Total Number of Leavers:						
Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations): <input type="text"/>						
Section 8: Persons and Households Served						
	# Projected Persons Served	# Projected Households Served	Total Persons Served GTD*	Total Households Served GTD*		
Homelessness Prevention						
Homeless Assistance						
Total						
Met Application Projections within 10%?			Yes	No		
			<input type="text"/>	<input type="text"/>		
Reviewer's Signature <input type="text"/>						

*Grant to-date

Homeless Management Information System Review for Emergency Shelter

Time Range From:	To:			
Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name				
Social Security Number				
Date of Birth				
Race				
Ethnicity				
Gender				
Veteran Status				
Disabling Condition				
Residence Prior to Program Entry				
Zip Code of Last Permanent Address				
Housing Status				

Sections 8 & 9: Persons and Households Served

# Projected Persons Served	# Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total	Met Application Projections?
				<div>Yes</div> <div>No</div>

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night	
Number of Beds	Occupancy Rate

Section 27: Participation in Days

	Average Length of Stay for Last Grant Period	Average Length of Stay	Met Application Projections?
Leavers			Yes No
Stayers			

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Section 7: Total Number of Records for Leavers:

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations):

Projected Percentage of Positive Housing Outcomes Exiting Shelters:

Met Application Projections?

Yes	No
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Reviewer's Signature

Homeless Management Information System Review for Transitional Housing

Time Range From:		To:	
Universal Data Element	Don't Know/Refused	%	Missing Data
Name			
Social Security Number			
Date of Birth			
Race			
Ethnicity			
Gender			
Veteran Status			
Disabling Condition			
Residence Prior to Program Entry			
Zip Code of Last Permanent Address			
Housing Status			

Sections 8 & 9: Persons and Households Served

Number Projected Persons Served	Number Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total	Met Application Projections?	Yes	No

Section 8: Average Number of Persons Served Each Night

Average Number of Persons Served Each Night		Bed Utilization Rate:	
Number of Existing Beds:		Between 65-105%	

Section 9: Average Number of Households Served Each Night

Average Number of Households Served Each Night		Unit Utilization Rate:	
Number of Existing Units:		Between 65-105%	

Section 27: Participation in Days

Average Length of Stay for Last Grant Period	Average Length of Stay	Met Application Projections?	Yes	No
Leavers				
Stayers				

Section 29: Destination

	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				

Section 7: Total Number of Records for Leavers:

Percentage of Leavers in Households Exiting to Positive Outcomes (permanent destinations):	
Projected Percentage of Positive Housing Outcomes Exiting:	
More than 70%?	

Reviewer's Signature

Does Not Match
current APR

Homeless Management Information System Review for Permanent Supportive Housing				
Time Range From:		To:		
Universal Data Element	Don't Know/Refused	%	Missing Data	%
Name	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Security Number	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Date of Birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Race	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ethnicity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Gender	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veteran Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Disabling Condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residence Prior to Program Entry	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Zip Code of Last Permanent Address	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Housing Status	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sections 8 & 9: Persons and Households Served				
Number Projected Persons Served	Number Projected Households Served	Persons Served during Operating Year Total	Households Served during Operating Year Total	
				<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Met Application Projections?</div> <div style="display: flex; align-items: center;"> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-left: 5px;"> <div style="font-size: 8px;">Yes</div> <div style="font-size: 8px;">No</div> </div> </div> </div>

Section 8: Average Number of Persons Served Each Night		
Average Number of Persons Served Each Night	<input style="width: 80%;" type="text"/>	Bed Utilization Rate:
		<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">More than 90%?</div> <div style="display: flex; align-items: center;"> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-left: 5px;"> <div style="font-size: 8px;">Yes</div> <div style="font-size: 8px;">No</div> </div> </div> </div>

Section 9: Average Number of Households Served Each Night		
Average Number of Households Served Each Night	<input style="width: 80%;" type="text"/>	Unit Utilization Rate:
		<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">More than 90%?</div> <div style="display: flex; align-items: center;"> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-left: 5px;"> <div style="font-size: 8px;">Yes</div> <div style="font-size: 8px;">No</div> </div> </div> </div>

Section 27: Participation in Days				
	Average Length of Stay for Last Grant Period	Average Length of Stay	Average Length of Stay More than 180 days?	
				<div style="display: flex; justify-content: flex-end;"> <div style="margin-right: 10px;">Percentage of Persons with Average Length of Stay More than 180 days</div> <div style="display: flex; align-items: center;"> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="width: 40px; height: 20px; border: 1px solid black; margin-right: 5px;"></div> <div style="margin-left: 5px;"> <div style="font-size: 8px;">Yes</div> <div style="font-size: 8px;">No</div> </div> </div> </div>
Leavers	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>		
Stayers	<input style="width: 80%;" type="text"/>	<input style="width: 80%;" type="text"/>		

Section 29: Destination				
	Permanent Destinations Subtotal	Temporary Destinations Subtotal	Institutional Settings Subtotal	Other Destinations Subtotal
Destination Leavers > 90 days				
Destination Leavers ≤ 90 days				
Total				
Reviewer's Signature				

Client File Review Homelessness Prevention

HMIS #: 103487 HMIS Entry Date: 9-24-14 HMIS Exit Date: 10-26-14

Activity	\$ Amount	Months Assistance Received	Total
Rent	750	Sep+	750
Household Size: <u>2</u>		Total Assistance: <u>750</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>22</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <input type="checkbox"/>	Child under 6 <input type="checkbox"/>	Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

R. K. [Signature]

Client File Review Homelessness Prevention

HMIS #: 168694

HMIS Entry Date: 9-21-14

HMIS Exit Date: 10-6-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	650	Sept	650
Household Size: <u>1</u>		Total Assistance: <u>650</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>23</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reviewer's Signature

K Alexander

402-405

Client File Review Homelessness Prevention

HMIS #: 102 405

HMIS Entry Date: 10-1-14

HMIS Exit Date: 10-2-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	675	675	675
Household Size: <u>2</u>		Total Assistance: <u>675</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>27</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

KARLUND

188

Client File Review Homelessness Prevention

HMIS #: 15780

HMIS Entry Date: 6-3-14

HMIS Exit Date: 11-1-2014

Activity	\$ Amount	Months Assistance Received	Total
3D Rent 11 11 11	650 108 108 650 650	June July Aug Sept	650 495 540 650 650
Household Size:	<u>2</u>	Total Assistance:	<u>3280</u>

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>22</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>Sept 3, 2014</u> (every three months and at or below 30% AMI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification:	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

Child under 6

Y/N

Unit built before 1978

Y/N

Client File Review Homelessness Prevention

HMIS #: 54347

HMIS Entry Date: 3-1-2014

HMIS Exit Date: May 13 2014

Activity	\$ Amount	Months Assistance Received	Total
Rent	225	March	225
"	225	April	225
"	225	May	225
Household Size: <u>2</u>		Total Assistance: <u>675</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>21</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. Anderson

Client File Review Homelessness Prevention

HMIS #: 16623

HMIS Entry Date: 8-12-14

HMIS Exit Date: 12-12-14

Activity	\$ Amount	Months Assistance Received	Total
Assistance Received:			
Rent	500	Aug	500
Rent	500	Sept	500
Rent	500	Oct	500
Rent	500	Nov	500
Rent	500	Dec	500
Household Size: <u>5</u>	Total Assistance: <u>2500</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>31</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>Oct 6, 2014</u> (every three months and at or below 30% AMI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date unit will be available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

[Signature]

Client File Review Homelessness Prevention

HMIS #: Mackene
Terivsonno

HMIS Entry Date: Not Noted

HMIS Exit Date: Not Noted

Activity	\$ Amount	Months Assistance Received	Total
Rental Arre	600	Jan	600
Rental Arre	600	Feb	600
" "	600	March	600
Household Size: <u>3</u>		Total Assistance: <u>1,800</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>21</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/> Y <input checked="" type="checkbox"/> N	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <input type="checkbox"/> Child under 6 <input type="checkbox"/> Unit built before 1978 <input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K Alexander

Client File Review Homelessness Prevention

HMIS #: 101382 HMIS Entry Date: 7-1-2015 HMIS Exit Date: 12-19-2015

Activity	\$ Amount	Months Assistance Received	Total
Rental Ass.	475	July	475
" "	575	Aug	575
" "	575	Sept	575
" "	575	Oct	575
" "	136	Nov	136
" "	219	Dec	219
Household Size: _____		Total Assistance: <u>2,555</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>25</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>Sept 7, 2014</u> (every three months and at or below 30% AMI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: <u>Dec 8, 2014</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <u>Y/N</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <u>Y/N</u>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

Child under 6

☐

Unit built before 1978

☐

Client File Review Homelessness Prevention

HMIS #: 152674

HMIS Entry Date: 2-5-14

HMIS Exit Date: 3-6-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent	650	Feb	650
Household Size: <u>3</u>		Total Assistance: <u>650</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>26</u> %	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months and at or below 30% AMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified? _____	Date unit will be available? _____		
Habitability Inspection in file? <input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file? <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

R. Alexander

Client File Review Homelessness Prevention

HMIS #: 856

HMIS Entry Date: 12-5-14

HMIS Exit Date: 2-9-15

Assistance Received:

Activity	\$ Amount	Months Assistance Received	Total
Rent	224	Dec	224
"	224	JAN	224
"	224	FEB	224

Household Size: 2

Total Assistance: 672

Client Documentation

		Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Household is below 30 percent Area Median Income? <u>23</u> %		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification:	(every three months and at or below 30% AMI)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification:		<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eviction notice provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Arrear is six months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Utility disconnect notice provided if using utility assistance?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Storage arrangements are three months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?	<input type="checkbox"/>	Date unit will be available?	
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

Child under 6

☐ Unit built before 1978

Client File Review Rapid Re-housing

HMIS #: 164246

HMIS Entry Date: 6-3-14

HMIS Exit Date: 7-1-2014

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD	650	Three	650
Household Size: <u>4</u>		Total Assistance: <u>650</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	Shelter		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Date unit will be available?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

K. Alvarado

Shabala

Client File Review Rapid Re-housing

HMIS #: 165620

HMIS Entry Date: 12-8-2014

HMIS Exit Date: 1-6-2015

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD	400	Dec	400
Household Size: <u>2</u>		Total Assistance: <u>400</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>1645 115x</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Date unit will be available?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

Shabala

Alapala

Client File Review Rapid Re-housing

HMIS #: 103387

HMIS Entry Date: 8-13-14

HMIS Exit Date: 9-20-14

Activity	\$ Amount	Months Assistance Received	Total
SD	540	Aug	540
Household Size: <u>2</u>		Total Assistance: <u>540</u>	

Assistance Received:

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>IRANS Hsg</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date unit will be available?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Future unit is identified? _____

Date unit will be available? _____

Habitability Inspection in file?

☒ Y ☐ N

☒ Y ☐ N

Lead-based paint inspection in file?

Child under 6

☐

Unit built before 1978

☐

Reviewer's Signature

K. Andrade

Abubala

Client File Review Rapid Re-housing

HMIS #: 103394

HMIS Entry Date: 10-22-14

HMIS Exit Date: 11-29-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD Rent	425 425	Aug Nov	425 425

Household Size: 1

Total Assistance: 80

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided? 744112-8928	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>		
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date unit will be available?	<input type="checkbox"/>		
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Reviewer's Signature

K. Hernandez

Client File Review Rapid Re-housing

HMIS #: 109135

HMIS Entry Date: 5-27-14

HMIS Exit Date: 6-28-14

Activity	\$ Amount	Months Assistance Received	Total
SD 1	475	May	475
Household Size: <u>2</u>		Total Assistance: <u>475</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Future unit is identified?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. Alarido

Client File Review Rapid Re-housing

HMIS #: 4721HMIS Entry Date: 5-1-2015

HMIS Exit Date: _____

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD Rent	450 450	May June	450 450
Household Size: <u>3</u>		Total Assistance: <u>900</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification:	(every three months	*Confirmed in HMIS?	<input checked="" type="checkbox"/>
Date of 2nd Recertification:	and at or below 30%	*Confirmed in HMIS?	<input checked="" type="checkbox"/>
Date of 3rd Recertification:	AMI)	*Confirmed in HMIS?	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available? _____			
Future unit is identified?	_____	Date unit will be available?	_____
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	Child under 6	<input type="checkbox"/>
	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

[Signature]

Client File Review Rapid Re-housing

HMIS #: 139724

HMIS Entry Date: March

HMIS Exit Date: 5-6-2014

Activity	\$ Amount	Months Assistance Received	Total
Rent	135	March	135
util/water	30.00	March	30
util/gas	40.00	March	40
Rent	203	April	203
util/elec/Rent	74.36, 135	April, May	74.36
Household Size:	<u>3</u>	Total Assistance:	<u>617.36</u>

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>5-1-2014</u> (every three months *Confirmed in HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>		
Future unit is identified?	<input type="checkbox"/>	Date unit will be available?	
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. McConch

Catholic Charities

Client File Review Rapid Re-housing

HMIS #: 15437

HMIS Entry Date: 5-16-14

HMIS Exit Date: 6-1-14

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD	575	May	575
Household Size: <u>2</u>		Total Assistance: <u>575</u>		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification:			<input checked="" type="checkbox"/>
Date of 2nd Recertification:			<input checked="" type="checkbox"/>
Date of 3rd Recertification:			<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	Shelter		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?			
Future unit is identified?			
Date unit will be available?			
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child under 6	<input type="checkbox"/>	Unit built before 1978	<input type="checkbox"/>

Reviewer's Signature

[Signature]

Orange DV Shelter

Client File Review Rapid Re-housing

HMIS #: 3641

HMIS Entry Date: 11-14-14

HMIS Exit Date: _____

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	Rent SD	399.39 300	Nov Nov	399.39 300

Household Size: 4

Total Assistance: 699.39

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	_____		
Future unit is identified?	_____	Date unit will be available?	_____
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	Child under 6 <input type="checkbox"/> Unit built before 1978 <input type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K Alexander

Client File Review Rapid Re-housing

HMIS #: 2005 HMIS Entry Date: 12-6-14 HMIS Exit Date: 1-9-15

Assistance Received:	Activity	\$ Amount	Months Assistance Received	Total
	SD Rent	550 550	12C 3AR	550 550
Household Size: <u>2</u>		Total Assistance: _____		

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If used, documentation of no other shelter available?	_____		
Future unit is identified?	_____	Date unit will be available?	_____
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/> N	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	Child under 6 <input type="checkbox"/>	Unit built before 1978 <input type="checkbox"/>

Reviewer's Signature

Katherine Lee

NOTE

Client File Review Rapid Re-housing

HMIS #: Teresa Jackson

HMIS Entry Date: 8-1-2014

HMIS Exit Date: 11-1-2014

Activity	\$ Amount	Months Assistance Received	Total
SD	405	Aug	405
Rent	348	Sep	348
Rent	405	Oct	405
Rent	405	Nov	405
Household Size: <u>4</u>		Total Assistance: <u>1,743</u>	

Client Documentation

	Yes	No	N/A
Initial assessment to determine appropriate assistance is provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Documentation demonstrates no appropriate subsequent housing options and must lack sufficient resources and support networks to obtain housing?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assistance received is appropriate for stable housing outcome?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Minimum level of assistance provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 1st Recertification: <u>10/1/2014</u> (every three months *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 2nd Recertification: and at or below 30% *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of 3rd Recertification: AMI) *Confirmed in HMIS?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rent Reasonableness Calculation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Signed Staff Certification	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental Assistance Agreement	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Client Services

Homeless Certification?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Location of client the night before receiving Rapid Re-Housing:	<u>Shelter</u>		
Lease provided?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security deposit is less than two months rent?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rental assistance is 24 months or less?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Utility assistance is 24 months or less?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Moving expenses are reasonable?	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Motel/Hotel use is for three months or less and only if no other units available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If used, documentation of no other shelter available?	<input type="checkbox"/>		
Future unit is identified?	<input type="checkbox"/>	Date unit will be available? <u> </u>	
Habitability Inspection in file?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lead-based paint inspection in file?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Reviewer's Signature

K. A. L. Gordon

Client File Review Emergency Shelter/Transitional Housing/Permanent Supportive Housing

HMIS ID or Client Name	Homeless Verification	Intake	Case Management	Client Personal Identification	Housing Search & Placement	Lease (if PSH)					Income Eligible	Income at Entry	HMIS Collection Form	Housing Outcome
15925		✓	✓	✓	✓	✓					0.00	0.00	✓	
1	Institution										0.00	0.00	✓	Still in Program
15925		✓	✓	✓	✓	✓					2462	2462	✓	
2	Shelter										2462	2462	✓	Still in Program
15925		✓	✓	✓	✓	✓					0.00	0.00	✓	
2	Shelter										0.00	0.00	✓	Still in Program
145620		✓	✓	✓	✓	✓					3462	—	✓	
3	Shelter										3462	—	✓	Still in Program
157950		✓	✓	✓	✓	✓					5013	5013	✓	
2	Shelter										5013	5013	✓	Private Res

Client File Review Housing

[illegible]

Exit Interview Signatures

Print Name	Signature	Agency	Title
Jammy Weaver	Jammy Weaver	Coleman	VP Clinical
Kimberly Alexander	Kimberly Alexander	Olson	HR Specialist

Findings/Concerns:	PSH	Family & Community	Geauga Co	HARP
Grant #: S-L-13-765-1	No findings	Verify income	File OK W/S + Exit Date.	Asst. Director - HR Exit Interview
Grant #: S-L-14-765-1			Lake	Catherine Charles Asst
Grant #: S-Y-14-765-1		Coleman updated PPS forms	<ul style="list-style-type: none">1 No HALE #2 NO Rent PPS forms3 No 3 month out file4 Very much in 1 day 5th5 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 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